

RICHARD L. TITSWORTH.

JUNE 7, 1898.—Ordered to be printed.

Mr. HANNA, from the Committee on Pensions, submitted the following

REPORT.

[To accompany S. 4655.]

The Committee on Pensions, to whom was referred the bill (S. 4655) granting a pension to Richard L. Titsworth, have examined the same and report:

This man is shown by the records of the War Department to have enlisted September 16, 1861, in Company C, First Battalion, Fifteenth United States Infantry. For the months of March and April he is reported a corporal, absent, wounded in action at Pittsburg Landing, April 7, 1862. Reported absent, captured in action at Murfreesboro, December 31, 1862. He was discharged on surgeon's certificate of disability February 4, 1864. He has a record of treatment for endocarditis, and was discharged on account of "endocarditis, affecting the mitral valves chiefly, the result of rheumatism and exposure in the field."

March 15, 1873, he made application for pension, alleging gunshot wound left hip and heart disease. He was pensioned at \$2 from filing; increased to \$10 from May 23, 1873. Arrears were allowed from discharge to May 22, 1873, at \$8. His pension was increased to \$12 per month from September 26, 1888.

October 14, 1890, he applied for increase and alleged locomotor ataxia as a result. The locomotor ataxia was referred to the medical referee, and the claim was approved by the medical examiner for "locomotor ataxia," but the medical reviewer canceled that approval and substituted: "Twelve-eighteenths; no increase. No special results shown." This received the stamp of the medical referee, and the claim was accordingly rejected.

The claim was reopened and again rejected September 28, 1892.

Again the claim was referred to the medical referee in 1896, and his opinion, in a slip dated March 30, 1896, is as follows:

Locomotor ataxia can not be accepted as a probable result of gunshot wound of left hip in this case because of the character of the wound (flesh wound), absence of important nerve structure in course of said wound, and the interval of time between the occurrence of the gunshot wound and the manifestation of symptoms of locomotor ataxia—twenty-five years or more.

Two physicians who have treated claimant for years strenuously insist that his present condition is due to the gunshot wound and resulting poisoning and abscesses along course of spinal column, combined with his exposure and hardship in the service, contending that in the absence of vicious habits it can not be the result of anything else.

A test examination was ordered, and report dated February 5, 1896, states as follows:

The wound seems to have been in just the fleshy part of the hip, not adherent, tender, or dragging. There are five other scars of abscesses scattered over hip, showing him to have had poisoning with wound.

Describe severe heart disease: "Heart is very tumultuous. He is weak and can not stand still. Is tremulous in legs and arms." Rated twelve-eighteenths for heart and eighteen-eighteenths for gunshot wound and resulting locomotor ataxia.

An affidavit on file with the committee describes his condition as follows:

In October, 1897, his attention was again called to soldier's case, and he finds that all the symptoms of locomotor ataxia are increased. The treatment at the present time is principally directed to allay pain. He believes that soldier is totally incapacitated to perform manual labor.

Your committee recommend passage of the bill with an amendment: Strike out "thirty" and insert "twenty."

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